



*The Commonwealth of Massachusetts*  
**Department of Public Safety**  
**Architectural Access Board**

**One Ashburton Place, Room 1310**  
**Boston Massachusetts 02108-1618**

Phone: 617-727-0660

Fax: 617-727-0665

[www.mass.gov/dps](http://www.mass.gov/dps)

Docket Number

(Office Use Only)

**APPLICATION FOR VARIANCE**

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

**PLEASE ENCLOSE:**

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the "Commonwealth of Massachusetts" and all supporting documentation (e.g. plans in 11" x 17" format, photographs, etc.). In addition, the complete package (including plans, photographs and the completed "Service Notice") must be submitted to all parties via compact disc.**
- 2) If you are a tenant seeking variance(s), a letter from the owner of the building authorizing you to apply on his or her behalf is required.**
- 3) The completed "Service Notice" form provided at the end of this application certifying that a copy of your *complete application* has been received by the Local Building Inspector, Local Disability Commission (if applicable), and Local Independent Living Center for the city/town that the property in question resides in. A list of the local entities can be found by calling the Architectural Access Board Office or the Local City/Town Clerk. For a list of the Local Independent Living Centers you can either call the Architectural Access Board Office or visit the Massachusetts Statewide Independent Living Council website at <http://www.masilc.org/membership/cils>.**

1. State the name and address of the owner of the building/facility:

1 on 1 Self Indulgence, Inc. Cindy McCullough/D.Schweppe; 1 on 1 Self Indulgence, Inc.  
336 Baker Ave, 2<sup>nd</sup> Floor, Concord, MA 01742  
E-mail: sldi@verizon.net  
Telephone: 978-371-2831; 978-369-5100

2. State the name and address of the building/facility:

457 Great Road, Acton, MA 01720

3. Describe the facility (i.e. number of floors, type of functions, use, etc.):

Existing 2- story wood frame building originally constructed as a single family home. Now occupied on the first floor by offices and residential on the second floor.

4. Total square footage of the building: 3,134 s.f. : Per floor: 1<sup>st</sup>: 1545 s.f.; 2<sup>nd</sup> 1,589 s.f.  
a. total square footage of tenant space (if applicable): 3,134 s.f.

5. Check the work performed or to be performed:

☐ New Construction ☐ Addition  
☒ Reconstruction/Remodeling/Alteration ☒ Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary): See Attached Sheets

7. State each section of the Architectural Access Board's Regulations for which a variance is being requested:

7a. Check appropriate regulations:

☐ 1996 Regulations ☐ 2002 Regulations ☒ 2006 Regulations

**SECTION NUMBER**

**LOCATION OR DESCRIPTION**

3.4

Second Floor of existing residential building

20

Accessible Route/entrance to second floor

5.1

Impracticability/Accessible route to second floor

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Is the building historically significant? ☐ yes ☒ no. If no, go to number 9.

8a. If yes, check one of the following and indicate date of listing:

\_\_\_\_\_ National Historic Landmark

- \_\_\_\_\_ Listed individually on the National Register of Historic Places
- \_\_\_\_\_ Located in registered historic district
- \_\_\_\_\_ Listed in the State Register of Historic Places
- \_\_\_\_\_ Eligible for listing

8b. If you checked any of the above **and** your variance request is based upon the historical significance of the building, you *must* provide a letter of determination from the Massachusetts Historical Commission, 220 Morrissey Boulevard, Boston, MA 02125.

9. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (use additional sheets if necessary), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

**See Attached Sheets**

10. Has a building permit been applied for? Yes  
Has a building permit been issued? Yes  
10a. If a building permit has been issued, what date was it issued? 09/30/2013  
10b. If work has been completed, state the date the building permit was issued for said work: Work not completed
11. State the estimated cost of construction as stated on the above building permit: \$32,000 including: Building [\$13,000], Electrical [\$5,000], Plumbing [\$14,000].  
11a. If a building permit has not been issued, state the anticipated construction cost:
12. Have any other building permits been issued within the past 36 months?  
Chimney Repair in 2012; Siding, Plaster Ceiling 2013.  
12a. If yes, state the dates that permits were issued and the estimated cost of construction for each permit: \_\_\_\_\_
13. Has a certificate of occupancy been issued for the facility?  
If yes, state the date:  
The Building Official states that none has been issued that he can determine from the records.
14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? \_\_\_\_\_ yes **X** no

15. State the actual assessed valuation of the **BUILDING ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building is located: \$198,000  
Is the assessment at 100%? Yes  
If not, what is the town's current assessment ratio? \_\_\_\_\_

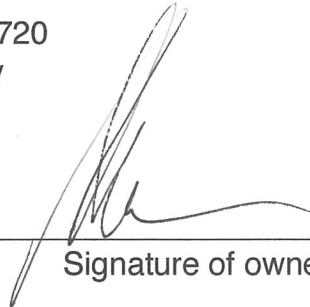
16. State the phase of design or construction of the facility as of the date of this application:

Work has been designed and some work carried out including siding, windows and gutters

17. State the name and address of the architectural or engineering firm, including the name of the individual architect or engineer responsible for preparing drawings of the facility:  
Steve Hurley, Janovsky Hurley Architects, 37 Walnut Street, Wellesley Hills, MA 02481  
E-mail: Steven Hurley <steven@jha-arch.com>  
Telephone: 781-489-6540 x 101

18. State the name and address of the building inspector responsible for overseeing this project:  
Frank Ramsbottom  
472 Main Street, Acton, MA 01720  
E-mail: building@acton-ma.gov  
Telephone: 978-929-6633

Date: March 19, 2014



Signature of owner or authorized agent

**PLEASE PRINT:**

Norton S. Remmer  
Name

18 John Street Place  
Worcester, MA 01609  
E-mail: remmer.consulting@verizon.net

Telephone: 508-756-2777

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION  
SERVICE NOTICE**

I, Norton S. Remmer, as consultant/representative for the Petitioner:

1 on 1 Self Indulgence, Inc. Cindy McCullough/D.Schweppe; 1 on 1 Self Indulgence, Inc.

336 Baker Ave, 2<sup>nd</sup> Floor, Concord, MA 01742

submit a variance application filed with the Massachusetts Architectural Access Board on 03/19/14

**HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:**

<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>		<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1	Frank Ramsbottom	Certified mail	03/19/14
	472 Main St, Acton, MA 01720		
2	Elizabeth Franklin, Commission on Disability, 472 Main Street, Acton 01720	Certified mail	03/19/14
3	MetroWest Center for Independent Living	Certified mail	03/19/14
	280 Irving Street, Framingham, MA 01702		

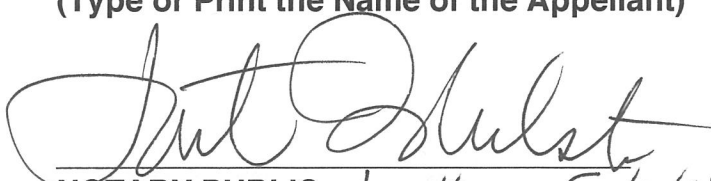
**AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.**

  
Signature: Appellant or Petitioner

On the 19 Day of MARCH 2014 PERSONALLY  
APPEARED BEFORE ME THE ABOVE NAMED

Norton S. Remmer

(Type or Print the Name of the Appellant)

  
NOTARY PUBLIC Jonathan Finkelstein

MAY 4, 2018  
MY COMMISSION EXPIRES



JONATHAN FINKELSTEIN  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires May 4, 2018



From: Mark Barbadoro <mbarbadoro@acton-ma.gov>  
Subject: **457 Great Road Acton MA**  
Date: November 4, 2013 11:35:06 AM EST  
To: "remmer.consulting@verizon.net" <remmer.consulting@verizon.net>

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Norton,

It was good to speak with you today. Per our conversation I have included the building permit/site plan/board of appeals history for 457 great road.

Assessors field card states the single family home built in 1774

Building permits:

- 1960 Build a detached garage #925
- 1968 Storage? #3216
- 1970 Convert shed to living space #3925
- 1978 Reroof #6243
- 1981 Woodstove #8963
- 1982 Repairs? #7902
- 1985 Woodstove #8963
- 1998 Roof #16063
- 2001 Demolish Garage #17580
- 2012 Repair two chimneys #12-170
- 2013 siding plaster ceiling #13-0683

Board of appeals/site plan special permits

- BOA 1992 build a single family home(not the building in question) 92-17
- SPSP 2001 to allow business /residential use of building 10/17/00-374
- BOA 2003 put a sign within the allowed setbacks

I cannot find the required Building permit application to change the use of the property. I cannot find the new occupancy certificate which would have been required to change the use of the building.

**See 6<sup>th</sup> edition building code sections 110.1 and 120.2**

Based on the current evidence do you agree that the building will need a building permit and occupancy certificate for a change of use? Since no change of use was granted do you agree that 521 CMR change of use is applicable?

Respectfully,

Mark Barbadoro,  
Building Inspector  
PH 978-929-6633

----- Forwarded message -----

From: **Elevator Engineering, Inc.** <[gmullen@elevatorengineering.com](mailto:gmullen@elevatorengineering.com)>

Date: Mon, Feb 24, 2014 at 6:01 PM

Subject: Elevator 457 Great Rd Acton

To: [cindy1on1spa@gmail.com](mailto:cindy1on1spa@gmail.com)

Cc: [sales@elevatorengineering.com](mailto:sales@elevatorengineering.com)

Cindy,

Per our conversation today these are the preliminary elevator specs. for your building:

Floors: 2

Travel: Approx. 10 feet

Duty: Passenger

Power: 220 VAC 60Hz

Doors: Front & rear openings, 36" center open

Capacity: 2500 Lbs. (Minimum to meet current codes)

Cab: Laminate walls & car door, eggcrate hung ceiling, stainless door jambs, 1 stainless handrail.

Preliminary cost to Install: \$ 65,000

The inside hoistway dimension to install this elevator is 8'-4" wide x 6'-10" deep. As we discussed you will probably need to install the elevator on the outside of the building, the approx. minimum space necessary to do this is 10' wide x 8' deep depending on how you construct the hoistway and lobbies. An architect will be needed to design this elevator to fit with your building considering all the latest codes. The above quote does not include designing or constructing the hoistway, construction is also additional and done by a general contractor. All necessary information for your architect for the elevator can be found on our website: [www.elevatorengineering.com](http://www.elevatorengineering.com)...Look under "new elevators" then "Passenger front and rear opening specifications" and "work by purchaser and/or other trades"...

If you need help selecting an architect or contractor call me we can put you in touch with some great people we work with.

Hope this helps and good luck with your project.

Sincerely,

Geoffrey Mullen  
Elevator Engineering, Inc.

Hydraulic Elevator Sales and Service  
6 Ledge Rock Way Unit # 8  
Acton, MA 01720  
(978)635-1774 Office  
(978)635-1777 Fax  
Email: [gmullen@elevatorengineering.com](mailto:gmullen@elevatorengineering.com)

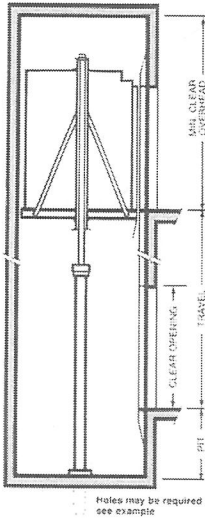
3/3/2014



# **PASSENGER** *Holess • Single Stage Dual Jack • Front & Rear Opening*



This information is intended for preliminary planning. We have attempted to include the basic data that you will require in your planning efforts. For details about specific or custom installations please contact your local Canton Elevator representative, or contact us directly.



- Pit depth = 4'-0" min is standard
- Min. clear overhead required (based on 8'-0" high cab):  
For up to 100 FPM = 11'-10"  
For 100 FPM and over = 12'-1"  
If available overhead clearance is less than above, cab height can be reduced accordingly up to code minimum.

- Total hoistway height required (pit floor to clear under roof) is:  
For up to 100 FPM:  $(2) \times (FL \text{ to } FL \text{ travel}) + 2'-8"$   
For 100 FPM and over:  $(2) \times (FL \text{ to } FL \text{ travel}) + 3'-8"$

If total hoistway height is not sufficient, (2) holes can be provided to make up required dimension. In this case, add an additional 8" to required height.  
For up to 100 FPM — add 3'-0" in lieu of 2'-8".  
For 100 FPM and over — add 4'-2" in lieu of 3'-8".

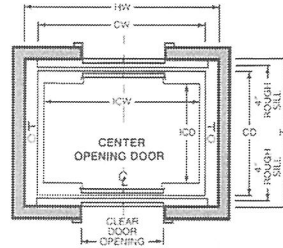
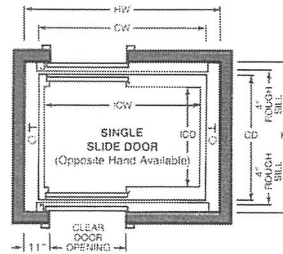
If "open" holes are provided — jack unit sits on pad at bottom of hole — do not add additional 6".

Note that clear overhead as required by code must always be maintained.

For example:

FL to FL travel of 16'-0". Spaced at 125 FPM. Pit 4'-0". Overhead 13'-0" (exceeds 12'-1" required by code)

Available	Required
Travel 16'-0" (2) Travel = (2) 16'-0" = 32'-0"	
Pit 4'-0"	Over 100 FPM + 4'-0"
O.H. 13'-0"	Required 36'-0"
33'-0" → Available	33'-0"
	Holes need 3'-0"
	Add additional 6"
	Hole depth required = 3'-6"



- Speeds available to 150 FPM.
- Contact factory for travel over 30 ft.

## **NOTES:**

1. Adequate supports for rail hangers are required at all rail bracket locations (14" maximum spacing). Concrete or block walls (or steel or concrete beams) are recommended for support. Inserts should be furnished in block or brick walls. Blocks must be filled with mortar around inserts to provide rigid support.
2. Pit and overhead clearances shown are in accordance with ANSI code requirements.
3. A pit ladder (by others) is required if pit depth exceeds 36" (Rules 106.10).
4. If holes are required: leave (2) 12" square holes in pit floor at location shown to be grouted in by others after jacks are set — or gin contr. to provide (2) 24" diameter "open" holes of required depth, with concrete pad at bottom to support jack unit mounting plate.
5. Top of hatch must be vented in accordance with building codes.
6. A 110V outlet is required in pit.
7. Hoist beam to be removed by others after elevator installation, if minimum cab clearance is not available.

## **MACHINE ROOM**

- An area 5'-6" x 7'-0" x 8'-0" high is usually adequate for single car installation, with 3'-0" wide door opening for access.
- Recommended location is adjacent to elevator hoistway at lowest landing; however, it can be remotely located — and at any level — if necessary.
- Adequate heating and ventilation to meet code requirements must be provided.

DIMENSIONS	CAPACITY				
	1500#	2000#	2500#	3000#	4000#
HW	6'-2"	7'-4"	8'-4"	8'-4"	9'-4"
*HD	6'-9 1/2"	6'-9 1/2"	6'-9 1/2"	7'-11 1/2"	7'-9 1/2"
CW	4'-10"	6'-0"	7'-0"	7'-0"	8'-0"
*CD	5'-9"	5'-9"	5'-9"	6'-1"	6'-9"
ICW	4'-6"	5'-8"	6'-8"	6'-8"	7'-8"
ICD	4'-4"	4'-4"	4'-4"	4'-8"	5'-4"
CLEAR DOOR OPENING	2'-8"	3'-0"	3'-6"	3'-6"	4'-0"

\* Car depth and hatch depth can be reduced by 1" if conditions require.  
1500-lb. car complies with NEII recommendations for min. size car to accommodate wheelchair.  
2000-lb. car complies with NEII recommendations for car to accommodate wheelchair.  
2500-lb. and larger cars comply with NEII recommendations for car to accommodate ambulance size stretcher when equipped with single slide doors.



847 THIRD STREET N.W., MASSILLON, OH 44867 PH. 216-833-3600 FAX 216-833-0220